

September 7, 2000

Ray Pilon
US Army Corp of Engineers
1776 Niagara Street
Buffalo, NY 14207

Re: 1550 Balmer Road, Model City, New York
Cleanup of Demolition Site
Approval # MOO-I 390

Dear Mr. Pilon:

Enclosed is a copy of the Application approved by the NYSDEC for the above referenced waste stream.

In the event that significant changes in the information presented on this application occurs, you shall immediately notify this Office in writing. Such changes shall include, but are not limited to changes in: process, facility name or address, waste composition and/or hauler.

If you should have any questions, please contact me at (716) 754-8226, ext. 216.

Sincerely,



Michael W. Gullo
Waste Approval Coordinator
MODERN.LANDFILL, INC.

MG/jh

Enclosure

cc: Joseph Hickman
Dispatch

9/13
MARY K
BILL K

APPLICATION FOR TREATMENT OR DISPOSAL OF AN INDUSTRIAL WASTE STREAM

SEE APPLICATION INSTRUCTIONS ON REVERSE SIDE

SITE NO. 32N30	APPLICATION NO. M40-1390	DATE RECEIVED 9/22/00
DEPARTMENT ACTION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		DATE 9/5/00

one time

1. NAME OF PROJECT/FACILITY MODERN LANDFILL INC		2. COUNTY NIAGARA		3. SITE NUMBER 32N30	
4. NAME OF OWNER MODERN LANDFILL INC		5. ADDRESS (Street, City, State, Zip Code) 4746 MODEL CITY RD, MODEL CITY, NY		6. TELEPHONE NO. (716)754-8226	
7. NAME OF OPERATOR RICHARD WASHUTA		8. ADDRESS (Street, City, State, Zip Code) FLETCHER & HAROLD RD, MODEL CITY, NY		9. TELEPHONE NO. (716)754-8226	
10. METHOD OF TREATMENT OR DISPOSAL SANITARY LANDFILL - D90		14107			
11. COMPANY GENERATING WASTE US Army Corps of Engineers			12. ADDRESS OF FACILITY GENERATING WASTE (Street, City, State, Zip Code) 1550 Balmer Rd. Model City NY 14107		
13. REPRESENTATIVE OF WASTE GENERATOR Ray Pilon / Harms, Inc.		14. MAILING ADDRESS OF REPRESENTATIVE 1776 Niagara St. Buffalo NY 14207		15. TELEPHONE NO. 716-871-4146	
16. DESCRIPTION OF PROCESS PRODUCING WASTE Clean up of demolition site					
17. EXPECTED ANNUAL WASTE PRODUCTION 2500 Tons/Year		18. WASTE HAULED IN <input type="checkbox"/> Drums <input type="checkbox"/> Bulk Tank <input type="checkbox"/> Roll-off Container <input checked="" type="checkbox"/> Other DJB			
19a. WASTE COMPOSITION 99%		19b. Physical State <input type="checkbox"/> Liquid <input type="checkbox"/> Slurry <input type="checkbox"/> Sludge <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Contained Gas		19c. pH Range 2.5 to 12.0	
19d. COMPONENTS					
		CONCENTRATION (Dry Weight)		UNIT (Check one)	
		Upper	Lower	Typical	Wt % PPM
1)	Concrete			70%	<input checked="" type="checkbox"/> <input type="checkbox"/>
2)	Brick			10%	<input checked="" type="checkbox"/> <input type="checkbox"/>
3)	Soil			5%	<input checked="" type="checkbox"/> <input type="checkbox"/>
4)	Steel & Wood			5%	<input checked="" type="checkbox"/> <input type="checkbox"/>
20. IS AN ANALYSIS OF WASTE ATTACHED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. WAS AN EP TOXICITY TEST CONDUCTED ON THE WASTE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach results TCLP		22. MATERIAL IS: <input type="checkbox"/> Hazardous <input checked="" type="checkbox"/> Non-Hazardous	
23. DETAIL ALL HAZARD AND NUISANCE PROBLEMS ASSOCIATED WITH THE WASTES. List necessary safety, handling, treatment, and disposal precautions. N/A Waste No. - NOL1					
24. WHERE WAS MATERIAL DISPOSED OF PREVIOUSLY? N/A					
25. NAME OF WASTE TRANSPORTER Modern Landfill Inc.		26. ADDRESS (Street, City, State, Zip Code) 14107 4746 Model City Rd, Model City		27. NYSDEC PERMIT No. 9A-073	
28. CERTIFICATION I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.		29. SIGNATURE AND TITLE OF REPRESENTATIVE OF WASTE GENERATOR X ON BEHALF OF USAF Harold J Leggett III		DATE 8-22-00	
30. SIGNATURE AND TITLE OF REPRESENTATIVE OF TREATMENT OR DISPOSAL FACILITY X Michael M. ...		31. SIGNATURE AND TITLE OF REPRESENTATIVE OF TREATMENT OR DISPOSAL FACILITY Waste Approval Coordinator		DATE 08/22/00	